

Hazardous Waste Accumulation Area Weekly Inspection Checklist

Date and Time: _____

Total Number of Containers: _____

Inspected By: _____

Signature: _____

| Requirements | Meets Requirements | Changes Needed | Date Corrected |
|--|--------------------|----------------|----------------|
| Each container is labeled "Hazardous Waste." | | | |
| Each container has an accumulation start date listed. | | | |
| Container labels are legible. | | | |
| Containers are tightly closed. | | | |
| There is no evidence of rust, dents, etc. | | | |
| Containers are free of leaks. | | | |
| Aisle space is open and free of obstruction. | | | |
| Storage is less than 180 days for SQG, or 90 days for LQG. | | | |
| Wastes re segregated properly. | | | |
| "No Smoking" sign is clearly visible. | | | |
| Spill absorbent material is present. | | | |
| No strange smells are noted. | | | |
| Communication or warning devices are working. | | | |
| Flammables are grounded. | | | |

Comments: